

BEST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	2					
TOTAL DEP.	3					
TPAT.	5					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL	1225.00	1525.00	1225.00	1525.00	1225.00	1525.00